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PTO/SB/97 (09-04)

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Signature

Leslie M. Snyder

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302-892-7903

Registration Number, if applicable

Telephone Number

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09/485559

FL1049USPCT

Petition for Revival of an Application for Patent Abandoned Unintentionally

Fee Transmittal

Request for Continued Examination

Amendment

Page _____ of _____

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEET TRANSMITTAL
For FY 2005**

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
TOTAL AMOUNT OF PAYMENT (\$)	1,500.00

Complete If Known

Application Number

09/485559

Filing Date

August 12, 1998

**RECEIVED
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First Named Inventor

Sara W. Boehmer Et. Al.

Examiner Name

V. Manoharan

Art Unit

1764

Attorney Docket No.

FL1049USPCT

FEB 10 2006

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E.I. du Pont de Nemours and Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpaymentsunder 37 CFR 1.18 and 1.17
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 200	100	0.00
Design	<input type="checkbox"/> 200	100	<input type="checkbox"/> 100	50	<input type="checkbox"/> 130	65	0.00
Plant	<input type="checkbox"/> 200	100	<input type="checkbox"/> 300	150	<input type="checkbox"/> 160	80	0.00
Reissue	<input type="checkbox"/> 300	150	<input type="checkbox"/> 500	250	<input type="checkbox"/> 600	300	0.00
Provisional	<input type="checkbox"/> 200	100	<input type="checkbox"/> 0	0	<input type="checkbox"/> 0	0	0.00

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)Multiple Dependent ClaimsFee (\$) Fee Paid (\$)- 20 or HP = 50.00 = _____YES 360.00 _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)- 3 or HP = 200.00 = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x 250.00 = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for Revival

1,500.00

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent) 43,771

Telephone 302-892-5529

Name (Print/Type) Daniel M. Maloney

Date 2/10/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL For FY 2005

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1,500.00**Complete If Known**

Application Number	09/485559
Filing Date	August 12, 1998
First Named Inventor	Sara W. Boehmer Et. Al.
Examiner Name	V. Mancharen
Art Unit	1764
Attorney Docket No.	FL1049USPCT

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Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	<input type="checkbox"/>	300	<input type="checkbox"/>	150	<input type="checkbox"/>	200	0.00
Design	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	130	0.00
Plant	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	160	0.00
Reissue	<input type="checkbox"/>	300	<input type="checkbox"/>	150	<input type="checkbox"/>	500	0.00
Provisional	<input type="checkbox"/>	200	<input type="checkbox"/>	100	<input type="checkbox"/>	0	0.00

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YES 360.00

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP = x 200.00 =

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x 250.00 =

Fee Paid (\$)

4. OTHER FEE(S)

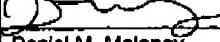
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Other (e.g., late filing surcharge): Petition for Revival

Fee Paid (\$)

1,500.00

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Signature		Registration No. (Attorney/Agent)	43,771	Telephone	302-892-5529
Name (Print/Type)	Daniel M. Maloney	Date	2/10/06		

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